

# Lessons From the Practice

## That Funny Feeling

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*Things are seldom what they seem.  
Skim milk masquerades as cream.*

—W.S. Gilbert, H.M.S. Pinafore

Although this happened some years ago, I can still remember it as if it happened last weekend. Mildred Watson had never requested to see me on an urgent basis. Her only medical problems, a hiatal hernia with reflux and bilateral subacromial bursitis of the shoulders, had been well controlled with medications for over ten years; hence, her call was both surprising and unsettling.

Mildred was 44, had never married, and cared for a 30 year old brother who had sustained brain damage in a hit and run auto accident in his early 20's. Sadly, her parents had drowned seven years before when their fishing boat capsized in a thunderstorm 200 yards off the eastern shore of Virginia.

Shortly after 4:00 PM on a cool Friday November afternoon, Mildred called the clinic. I was finishing up some paper work and dictations, hoping to leave early to attend one of my alma mater's basketball games, some 80 miles away. My nurse, Carol, screened the call and came back to my office.

"It's Mildred Watson," she said.

"What's up?" I asked.

"She said she just feels funny. She never felt like this before."

"What kind of funny?" I inquired. "Fever, chills, headache, pain, lightheadedness?"

"No," Carol replied. "She says she's just worried because she's never felt like this before."

Sighing, while quickly looking at my watch, I said, "Then tell her to come right away; but I need to be on the road in an hour."

Mildred was in my office in twenty minutes. Her vital signs, including temperature, were normal. I immediately began to take the history, hoping her problem could be resolved in five to ten minutes. "Tell me what's bothering you, Mildred."

"I don't know if I can explain it right, but it seems as if I'm here and my body's over in the corner," she replied hesitantly.

Thinking this might be some type of depersonalization, I said, "Have you been under any unusual stress?"

"Oh, no," she replied. "Actually things have been going rather well. Tommy's doing fine," she continued. "Luckily he has had no urinary tract infections in over two months." Becoming more serious, she said, "You must think I'm a flake, but for the past twenty-four hours I've been in some kind of trance." Laughing she said, "And I can't afford to do drugs."

Smiling faintly, I replied, "I know. Tagamet and Ibuprofen shouldn't give anyone a high." Then trying to pick up the pace, I asked, "Any headache, fever, blurring of vision, difficulty speaking, stiffness of the neck?"

"No," she replied. "I really don't even feel sick - which is in a way what makes me so worried."

Glancing at my watch, I said, "Why don't I let Carol get you in a gown, and we'll see if we can quickly sort this out."

Mildred's brief physical exam, including an abbreviated neurologic evaluation, was entirely normal. I must have appeared puzzled for Mildred asked, "What do you think is going on? I can assure you I'm not mental."

Staring into the distance for a moment, straining for a differential diagnosis of Mildred's symptoms, I methodically replied, "No, of course not." Then, turning toward Mildred, I said, "I'm really not sure, Mildred, but I don't think it's anything serious."

It was now 5:00 PM, and I was faced with a monumental judgment call. I could have Mildred come back Monday for followup, or I could admit her for evaluation. I really had no reason for admission. I would have to embellish the history and physical for her to pass the precertification criteria of her health plan.

Recovering, I said, "Mildred, I'm going to admit you to the hospital for an overnight stay, get an MRI scan of the brain and have the neurologist see you."

Immediately straightening her neck and tensing her shoulders, she said, "Do you think I have a brain tumor?"

"No, no, of course not," I replied. "Your symptoms have come on too suddenly. In fact, it doesn't even sound like a seizure or transient ischemic attack. But I think we need to check things out since you've never had anything like this before. If everything is normal, then you can go home in the morning."

I admitted Mildred for overnight observation and called Frank Starling, the neurologist on call for the

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weekend. “Frank,” I said, “I’m not sure what’s going on with Mildred Watson, but I would appreciate it if you would take a look at her this evening. I have already ordered an MRI scan of the brain. If you don’t find anything, I’ll let her go in the morning. I’m leaving shortly for the State game but should be back by midnight. Call me if you find anything earth-shattering.”

“No problem,” Frank Starling replied. “If you don’t hear from me you can assume everything was normal.”

At 12:15 AM I returned to find a message on my answering machine from Frank Starling. He was still at the hospital when I got hold of him.

“Incredible call, John.”

“What do you mean?” I stammered.

“We just finished the angiogram. Mildred Watson has the biggest anterior communicating artery aneurysm I’ve ever seen. Her LP was clean, and we’re getting ready to fly her out to the university for further management. I’m glad you didn’t send her home,” he continued.

“I’m glad, too,” I replied, momentarily dazed. “But what did you think of her symptoms? Did they suggest aneurysm to you?”

“Oh, good Lord, no. I didn’t know what to make of her out-of-body experience, but that’s beside the point. We made the diagnosis, and you saved her life, pal. Congratulations.”

Still stunned, I said, “Absolutely amazing. Thanks for your help. I’ll talk to you tomorrow.”

“You bet.”

Mildred Watson’s aneurysm was clipped uneventfully at the university the following day and within a week she returned home without any neurologic deficit.

In the years following her death at 47 in an auto accident, I become chilled when I think of how a little carelessness, or a little selfishness in not wanting to be delayed, could have given me a lifetime to regret a preventable medical catastrophe. I am continually humbled by the sequence of events. Probably the only reason I hospitalized Mildred was the complete change in the pattern of her usual symptoms. I certainly could offer no meaningful differential diagnosis, and I never felt that she had anything that was life-threatening. Someone must have been watching over the both of us. I made the right decision for the wrong reasons.